

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000032043

**Entity Name:** RELIABLE PHYSICIAN'S BILLING, INC

**Current Principal Place of Business:**

1401 SW 86 AVENUE  
PEMBROKE PINES, FL 33025

**Current Mailing Address:**

1401 SW 86 AVENUE  
PEMBROKE PINES, FL 33025 US

**FEI Number:** 27-2333056

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAMA, CECILIA  
1401 SW 86 AVENUE  
PEMBROKE PINES, FL 33025 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SAMA, CECILIA  
Address 1401 SW 86 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33025

Title VP  
Name PARRALES, LESTER  
Address 1401 SW 86 AVENUE  
City-State-Zip: PEMBROKE PINES FL 33025

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CECILIA SAMA

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date